

AREA OF EMPHASIS:

Racial and Ethnic Minorities

SCIENTIFIC ISSUES

HIV infection ranks third on the list of health disparities that affect racial and ethnic minorities in the United States. Although the disproportionate impact of HIV infection and transmission among this population has altered the social construction of these communities, affected their oldest institutions, and destroyed families across several generations, the epidemic continues unabated—and virtually unrecognized in political dialogue or planning. Urban centers continue to reflect HIV transmission rates that rival resource-poor settings internationally, and a growing armamentarium of antiretroviral agents holds little promise for primary prevention.

The reasons for this disproportionate impact are well documented and have been the subject of numerous scientific publications as well as this Plan. However, documentation is only the first step in the process of remediation, which requires ongoing support and action steps to translate documentation into effective intervention. High rates of HIV transmission are the end result of complex forces and represent a confluence of social, economic, and historical factors. Social apathy, poverty, racism, homophobia, unequal access to health care resources, disproportionate impact of substance and alcohol abuse, marginalization of subpopulations within these communities (e.g., gay, bisexual, and transgendered persons), and the health impact of comorbid conditions that disproportionately affect this population (e.g., sexually transmitted infections [STIs] and hepatitis) underscore that a range of interventions will be necessary.

Social, economic, and historical factors are complexly interwoven and affect scientific as well as social and health policy responses to the epidemic. Whether the legacy of

slavery, internment camps, or reservations, racial and ethnic minorities in the United States experience a disproportionate amount of poverty, as well as the associated social ills. HIV infection (as well as HIV-hepatitis C [HIV-HCV] coinfection) is at the intersection of these factors, given that substance abuse, survival sex, and commercial sex are associated with blood-borne pathogens and STIs. These factors drive unequal access to health care, mistrust of the health care system, and subsequently poor participation in clinical research trials.

Unequal access to health care resources continues to drive the epidemic as well as limit the potential for decreased transmission. Unequal access to health care means that fewer racial and ethnic minorities receive treatment, and as such may continue to facilitate HIV transmission. Limited health care access also means less exposure to health education messages, including prevention. Finally, limited access to health care means perpetuating the inadequate enrollment of racial and ethnic minorities within NIH-sponsored HIV clinical trials. As the epidemic reaches further into racial and ethnic minority communities, this failure leaves important questions about the impact of race and ethnicity upon treatment, treatment adherence, prevention, and disease progression.

PRIORITY FOR FUTURE RESEARCH:

- **Include racial and ethnic minorities in numbers that reflect their level of risk as well as their representation in the HIV epidemic. Examining their risk trajectory in the incident data can best assess this level of risk.**

Minority investigators remain significantly underrepresented among HIV investigators despite the demographics of the epidemic. This continues despite a sprinkling of minority investigator development programs across the NIH and the country. The bulk of minority investigators are located at majority institutions and do not participate in these programs. Those located at minority-predominant and minority-serving institutions are often challenged by lack of mentoring, large teaching loads, administrative duties, or little protected time. Maximization of research capacity at historically black colleges and universities, minority-predominant and minority-serving institutions, and tribal colleges is an important part of minority investigator development. However, beyond this is a need for the reexamination of existing programs to encourage minority investigator development, recruitment, and retention in HIV-related research. Infrastructure development, funding for those in early stages of their career development (e.g., predoctoral programs), and partnerships across Federal agencies to support these interventions is needed. This includes, but is not limited to, the development of basic science capacity at minority institutions, with bench-to-bedside applications as part of the capacity development.

Majority and minority institution research partnerships with equitable and equal distribution of resources across all participating entities will assist with capacity building and minority investigator development. These efforts will fall short, however, unless they are accompanied by interventions to offset the economic disincentives for minority postdoctoral fellows and physicians, who find the long road to research independence too costly in the face of mounting educational debt. Efforts to support and stabilize career choices and loan repayment are needed.

Economic disincentives are only one of many barriers to research career development for racial and ethnic minority investigators. In addition to heavy teaching loads and educational debt, there is the need for sustained and ongoing mentoring. Successful mentorship of a racial and/or ethnic minority investigator cannot be done without a commitment to sustained funding for not only pilot projects, but also for senior investigators to serve as mentors. Mentoring for racial and ethnic minority investigators is essential, and cannot be achieved successfully on a shoestring budget, or as part of a number of time-intensive and equally competing demands for a senior investigator's time and attention. Such arrangements can be successful; however, more often these only serve to further the impression of junior racial and ethnic minority investigators as ancillary personnel, useful for the behind-the-scenes work, but not worthy of fuller attention for complete development. This approach continues to tacitly support a two-class system of research development.

Minority investigators are only part of a multidisciplinary effort—minority community-based organizations (CBOs) and minority institutions are essential components. Minority CBOs, including minority-predominant and minority-serving institutions, must be included in the development of research initiatives that target racial and ethnic minority communities. The development of academic-community partnerships in minority communities, addressing research questions that are of importance and interest to all participating entities, will facilitate bidirectional information sharing.

PRIORITY FOR FUTURE RESEARCH:

- **Enhance the capacity of minority investigators, minority institutions, and minority community-based organizations to conduct multidisciplinary research. As one of a number of health disparities, HIV infection and the reduction of its transmission within racial and ethnic minority communities must be addressed by those within, as well as outside of, those communities.**

These bidirectional exchanges are not optional; they are essential to the development of research questions of mutual interest to the investigator and the communities within which such research is conducted. When such questions are jointly identified and of mutual interest, the issue of recruitment and retention of

adequate numbers of racial and ethnic minorities to explore specific findings unique to that subgroup will cease to be a challenge. When minority communities can perceive that the findings from a research agenda have particular relevance to them, their interest and participation will increase. These findings must be disseminated in a way that the community can have access to the information. Although publication in scientific journals is essential for the investigator, this does little for the participating racial and ethnic minority communities. Research in effective health communication will help to determine the most effective methods of information dissemination and translation of research findings for these disproportionately impacted communities. When this is achieved, maintaining representation of racial and ethnic minorities in clinical trials in numbers that reflect the local or regional epidemiology will become a mission possible.

PRIORITY FOR FUTURE RESEARCH:

- **Identify biomedical, sociocultural, psychosocial, and structural determinants, pathways, and mechanisms that maintain or perpetuate health disparities. It is essential to examine these determinants in the context of social structure and to use ecological models to explore these pathways.**

Health disparities among racial and ethnic minorities are rooted in the very social structure of the Nation. The history of the treatment of domestic racial and ethnic minority populations within the health care system, as well as health care delivery, is replete with examples of racial bias in treatment with significant morbidity and disproportionate mortality. Whether Tuskegee and African Americans, or smallpox in the blankets of Native Americans, these experiences have left a legacy of distrust in racial and ethnic minority communities of many organizational systems providing health care, conveying health messages, or conducting research. This mistrust affects not only health-care-seeking behavior, but also treatment adherence, as well as incorporating/utilizing health promotion messages. While this remains a complex and multifaceted problem, it will be essential to tease apart the myriad of sources that contribute to these disparities and to identify ways to modify or eradicate them. Bias, prejudice, stereotyping, unequal access to care, and low levels of health literacy only compound these challenges. HIV infection adds a new level of disparity, given the routes of transmission and the impact of cultural norms and stigma upon sexual and drug-using behaviors.

Such behaviors do not occur in isolation, but as part of a number of contextual, cultural, and social normative factors that must be explored. These factors need to be tested as part of the ecological models that examine why people behave as they do and what drives such behavior. Similarly, the impact of stigma, discrimination, and homophobia must also be explored independently, as well as in conjunction with these other factors.

The advent of antiretroviral therapy has yielded significant survival advantages as well as side effects. Nevertheless, there remains a difference between the treatment outcomes (such as survival) between Caucasians and African Americans, Latinos, and Native Americans. Investigators, clinicians, policymakers, and communities will need to work together to identify, test, and implement novel strategies to identify and remedy the ongoing gap in health outcomes in HIV infection. For racial and ethnic minority individuals with HIV infection, treatment occurs against a backdrop of other health disparity disease states, including hypertension, diabetes, cardiovascular disease, STIs, and cancer. To what extent other health disparities, as well as comorbid diseases, drive these differential health outcomes has been documented. What is needed is the development of effective strategies that have a synergistic effect in decreasing or eliminating both.

In this area, community-based interventions and efforts will be essential, requiring academic-community partnerships. These partnerships will require an investment of resources that may be greater than those for university-based clinical trials; however, the investment from the community will be essential. In addition to health disparities, economic and educational disparities affect racial and ethnic minorities. Continued research to explore the interactions between these disparities is needed for all racial and ethnic minorities, but especially those continuing to be significantly underrepresented in clinical studies, including Native Americans, Alaska Natives, and individuals of mixed race.

PRIORITY FOR FUTURE RESEARCH:

- **Develop and test innovative models, research methods, and measures of risk behavior in racial and ethnic minority communities. Existing models and methods do not reflect the cultural and social context of the lives of racial and ethnic minorities, especially Native Americans and Alaska Natives.**

Incorporation of racial and ethnic minorities in increased numbers in all clinical trials, especially prevention trials, will require a new and creative mode of thinking. Despite two decades of prevention research and intervention, significant segments of the minority community are either missing prevention messages, ignoring prevention messages, or failing to incorporate prevention messages into their lifestyles. In addition, a number of racial and ethnic minorities continue to be systematically underrepresented in these behavioral trials: Native Americans, Alaska Natives, Pacific Islanders, and Native Hawaiians. Despite the success of specific research instruments and methodologies in other population groups affected by the HIV epidemic, similar success has not been recognized in these communities. Given the ongoing and increasing impact of the epidemic in minority communities, there is a powerful argument for the development of novel survey instruments and methodologies that are culturally and contextually appropriate. In order to develop, test, and evaluate such novel approaches, a more

broad-based approach to HIV prevention in minority communities will be necessary. However, if innovation and the need for such innovation are not recognized at the peer review level, then studies designed to develop and test these new models are doomed before initiation. The Institutes in general and the Center for Scientific Review specifically are encouraged to foster innovation in this area.

Prevention, defined broadly to include vaccines and microbicides, is an essential intervention in racial and ethnic minority communities. However, prevention interventions must be contextually and culturally appropriate, and address the risk behaviors associated with HIV transmission in ways that are accepted by the community. Given the cultural context around the development of sexual norms and gender roles, replication of prevention interventions that succeed with one population group without modification for racial and ethnic minority populations are destined to fail. In addition to current practice and state-of-the-science interventions, additional research is needed not only to expand the range of interventions but also to enhance their effectiveness. These new or expanded interventions must be developed in partnership with racial and ethnic minority communities.

The translation of prevention research findings into practice, especially in racial and ethnic minority communities, is long and arduous, particularly given the multiple factors listed above that affect these communities. The barriers to effective prevention in these communities include, but are not limited to: organizational infrastructure development, limited opportunities for routine exchanges between prevention researchers and front-line community providers, different definitions of effective prevention interventions between researchers and front-line community service providers, a paucity of minority investigators, and prevention methods that have little to no cultural relevance to the target population.

PRIORITY FOR FUTURE RESEARCH:

- **Identify and address the impact as well as the specific and unique aspects of HIV infection upon Native American and Alaska Native communities, with particular attention to the epidemiologic, sociocultural, and psychosocial antecedents and effects. Further exploration and enhancement of mechanisms to identify, train, mentor, and develop Native American and Alaska Native investigators is a critical component of response to HIV infection in these communities.**

Indigenous people in the United States are disproportionately impacted by HIV infection, as are the larger racial and ethnic minority populations such as African Americans and Latinos. Moreover, Native Americans are very aware of the devastating impact of infectious disease outbreaks upon their populations, given their experience with tuberculosis (TB). Despite this awareness, indigenous people continue to

be systematically underrepresented in all clinical trials and interventions. Native American HIV investigators number fewer than one hundred, and the pipeline to produce more is virtually nonexistent. Although this Plan addresses the needs of all racial and ethnic minority communities, the ongoing health disparity emerging in indigenous communities requires special comment.

There are, in addition to the unique social, cultural, and historical contexts, other factors unique to the Native American experience that require study to better identify risk and resiliency in the setting of HIV infection. Ongoing acculturation, prior trauma, ongoing intergenerational trauma, and systematic dismantling of culture are just a few of a number of factors that merit exploration and identification. Given the small numbers of indigenous people in clinical trials, novel sampling strategies will be needed to enhance their representation. As with other racial and ethnic minority groups, a new approach to increase the current numbers will mean an end to the “business as usual” methods used for trial recruitment.

PRIORITY FOR FUTURE RESEARCH:

- **Examine the effectiveness of therapeutic interventions in racial and ethnic minorities as well as adherence to therapeutic regimens within the sociocultural context of the populations affected. This approach must include the examination of traditional health and healing practices and their role in acceptance of HIV therapeutic interventions in these communities.**

HIV infection among racial and ethnic minorities occurs against a backdrop of a number of other coexisting diseases, including but not limited to hypertension, diabetes, cardiovascular disease, STIs, the hepatitises, and TB. While the treatments for HIV infection continue to expand, there are still gaps in the scientific knowledge base in understanding the impact of race as well as gender upon cytokines, p-glycoproteins, HIV disease manifestations, and response to therapy. The race-related renal dysfunction associated with HIV infection is but one example of how the natural history of the disease may differ between racial and ethnic groups. The complex interplay between host genetics, HIV infection, and treatment upon the course of HIV disease progression is not completely elucidated. How treatment alters the natural history of HIV infection in racial and ethnic minority communities is still not well characterized. Current studies provide conflicting and sometimes confusing results regarding the impact of race upon treatment outcome, as well as treatment side effects, such as lipid changes, lipoatrophy/lipodystrophy, hepatic dysfunction, and lactic acidosis as a few examples.

Limited data exist, however, of the effect of these other disease states upon treatment adherence (e.g., medication fatigue), natural history, or disease outcome (morbidity and mortality). While it would appear that disease management is complicated by

the presence of these other disease states, this observation may be confounded by the delay in seeking health care and the advanced state at which many racial and ethnic minorities present for care regardless of the disease state. This delayed presentation for care is often directly related to barriers to health care access.

Barriers to health care access continue to impede recruitment and retention into clinical trials for racial and ethnic minorities. These barriers may be geographic (given the location of the high transmission rates in the Southeast as compared to the location of major HIV centers), institutional, and individual. By identifying these discrete areas, and developing and testing interventions, we can learn not only more about the epidemic in these communities, but also how to better reach out to them to make them fully included in HIV research and treatment.

For many within racial and ethnic minority communities the major challenge of the epidemic is not solely inclusion in clinical trials. Access to treatment and adherence to therapy remain major challenges. With the increased cost of therapies and the diminishing resources to cover them, treatment adherence is driven by a complex interplay of factors, including access to treatment, cost, coverage, substance abuse, depression, and perceptions of treatment. As studies repeatedly show the marked difference in performance of therapeutic agents in clinical trial settings compared to urban clinics, further research on the individual, societal, and community factors that promote adherence are needed. The role of the provider-patient relationship cannot be underestimated, and studies of the aspects of that relationship that positively and negatively impact adherence are also needed. Little remains known about the impact of health beliefs upon the treatment acceptance and adherence in minority communities, as well as the effect of chronic and traumatic stress upon adherence and chronic nonadherence. Chronic ongoing violence and exposure to violence frequently and often from a young age are common in minority communities. The impact of this exposure upon disease perception, need for treatment, and ultimately fatalistic views of death and survival are vastly unexplored in this population. Successful HIV management requires a multidisciplinary approach; similarly, HIV research that is relevant to the needs of the affected racial and ethnic minority community will need to examine interventions and their effectiveness in the context of a number of factors. Hence, like HIV management, HIV research must be multidisciplinary.

PRIORITY FOR FUTURE RESEARCH:

- **The NIH, in conjunction with other U.S. Department of Health and Human Services (DHHS) agencies, must review its mission and approach to the HIV epidemic to identify and address through specific mechanisms the barriers that are created by maintenance of discrete, mutually exclusive approaches to the epidemic without significant interagency collaborations. These barriers have the unintended consequence of restricting the ability of racial and ethnic minority investigators and communities to address the unique and often interdisciplinary aspects of HIV infection. This continues to foster a fragmented response that interferes with effective “real world” community responses and intervention.**

Often those entities best positioned to address the multidisciplinary challenges presented by the HIV epidemic in racial and ethnic minorities are outside of the academic or research institution milieu. For those entities to seek and obtain Federal funding to render them sufficiently independent to partner effectively with academic institutions, the task can be nearly impossible. The response to the domestic epidemic has been conducted through mutually exclusive and often competing approaches. These “silos” have the inadvertent effect of discouraging collaborations and multifaceted approaches. Investment for the long term in the development of interagency mechanisms that foster collaborations as well as multifaceted approaches is a central yet missing piece of the academic-community-research institution response to the HIV epidemic among racial and ethnic minorities.

SCIENTIFIC OBJECTIVES AND STRATEGIES

OBJECTIVE - A:

Examine ecological models, including sociocultural and structural determinants, social structure, and health systems that enhance, sustain, or perpetuate health disparities.

STRATEGIES:

- Emphasize basic research and its clinical application to determine the impact of culture, race, gender, and socioeconomic status upon coping with HIV infection and access to treatment.
- Explore the effect of macrostructural forces such as poverty, limited education, health illiteracy, as well as race, ethnicity, and language fluency, upon the ongoing disparity in HIV infection among immigrants.
- Increase emphasis on research to examine the influence of race, ethnicity, and gender, independently and in combination, upon social norms and cultural contexts that affect HIV transmission risk behaviors, as well as HIV disease progression.
- Design and conduct studies that determine the factors that promote or preclude early access to care and treatment, with attention to individual and health care system factors.
- Design clinical studies that recruit and retain racial and ethnic minorities in sufficient numbers to have the statistical power to detect racial, ethnic, and gender differences. Incentives and technical assistance should be provided if necessary to ensure this adequate representation in these studies.
- Encourage, through specific funding initiatives, studies to examine the impact of traumatic stressors upon indigenous domestic populations, including Native Americans and Alaska Natives, such as acculturative stress, intergenerational trauma upon HIV risk behaviors, and HIV health-care-seeking behavior.
- Examine the influence of stigma, racism, homophobia, and racial and cultural stereotypes among health care providers and health care systems (including infrastructure) upon racial and ethnic minority community HIV care access, and upon provision of HIV treatment.

OBJECTIVE - B:

Identify and examine the health care, social systems, and structural barriers that promote and sustain the health disparity in HIV infection among racial and ethnic minorities.

STRATEGIES:

- Promote and sustain interagency research to:
 - ▶ Determine the impact of the criminal justice system in sustaining health disparities in HIV infection among racial and ethnic minorities;
 - ▶ Determine the impact of economic and educational disparities upon the health outcomes of racial and ethnic minorities with HIV infection;
 - ▶ Examine and evaluate the role of health care disparities and public policy factors in sustaining the disparities in the health outcomes of racial and ethnic minorities with HIV infection; and
 - ▶ Determine the impact of structural factors within health-related organizations, such as insurance status and institutional racism, upon racial and ethnic minorities when they present for HIV-related care, and upon disease progression.
- Enhance collaboration across the Institutes that jointly conduct clinical trials in racial and ethnic minorities, with the explicit aim of:
 - ▶ Promoting consistent and timely sharing of trial data with these communities, hence providing incentives for further participation in NIH-sponsored clinical trials;
 - ▶ Expediting the production of reports, consensus conferences, or other materials emanating from these trials; and
 - ▶ Enhancing opportunities for the translation of trial results to the actual needs of racial and ethnic minority communities, especially for those CBOs positioned to utilize these results for the benefit of these communities.
- Support studies that examine and quantify the potential impact of incorporating HIV-related services into existing services for reproductive health, family planning, and STIs already placed within racial and ethnic minority communities. These studies would include the impact upon not only HIV prevention and infections averted but also HIV detection, care, and community acceptance.
- Develop, test, and promote successful strategies for linking community organizations with NIH research performance sites through the use of Internet resources, such as AIDSinfo.nih.gov.

OBJECTIVE - C:

Enhance and expand the capacity for multidisciplinary NIH-funded HIV research by underrepresented minority investigators, institutions, and communities. Minority is defined as any racial and ethnic group other than Caucasian.

STRATEGIES:

For the investigator:

- Promote and expand predoctoral opportunities for the development of minority investigators.
- Review experiences of minority and nonminority investigators who have negotiated successfully the transition from trainee to fully independent investigators in order to better understand and address the challenges and support needs of members of underrepresented population groups in the biomedical sciences.
- Provide incentives for senior investigators to identify, develop, and mentor racial and ethnic minority investigators in HIV/AIDS research through the establishment of a national network.
- Establish and promote dual mentorship training programs where interdisciplinary and translational HIV research is provided by and for HIV minority and HIV minority-focused scientists encompassing basic, clinical, and service disciplines.
- Provide scholarship support to racial and ethnic minority investigators to attend scientific meetings.
- Through existing funding mechanisms, provide incentives for the development, recruitment, and retention of intramural and extramural racial and ethnic minority investigators.
- Review existing programs designed to increase the awareness of underrepresented racial and ethnic minority investigators of NIH funding mechanisms for HIV/AIDS research, enhancing those that are successful and eliminating those that are not.
- Develop review panels at the Institutes and the Center for Scientific Review whose composition more closely reflects the epidemic and the populations affected. Recognizing that this will require evolution over time, annual reporting of the increases of the racial and ethnic minority participation on review panels, including ad hoc panels, is strongly recommended.

For the institution:

- Form a trans-NIH multiethnic, multiracial advisory committee to determine the unique needs of minority-serving and minority-predominant universities, including tribal entities, and to define barriers to their fuller participation in NIH-funded extramural research.
- Partner minority and majority institutions with shared research interests for research program and infrastructure development through the use of funding incentives and grant mechanisms.
- Utilize existing funding support to minority-serving and minority-predominant institutions to develop an HIV/AIDS research agenda, including an assessment of needs.
- Utilize existing funding mechanisms for minority institutional development to ensure that there is support to obtain the personnel necessary for the successful conduct of HIV/AIDS research.
- Enhance initiatives that support research in minority communities by requesting that a plan for the development of research partnerships between the institution and the community be submitted as part of the application for peer review.
- Improve basic science capacity at minority-predominant and minority-serving institutions, including tribal entities, through mentored training awards, infrastructure development, and majority-minority institutional partnerships and collaborations.

For the community:

- Increase minority participation on community advisory boards for HIV research to reflect their *current* incidence and trends in the epidemic.
- Include community consultations in NIH-funded extramural research from study development to the dissemination of study results.
- Share study results with participants promptly through existing information dissemination mechanisms as well as through community organizations and research partners.
- Fund community-based and community-driven participatory research to facilitate bidirectional transfer of knowledge and observations of interest to both the community and the investigator(s).

OBJECTIVE - D:

Conduct HIV research that includes numbers of racial and ethnic minorities that reflect the current incidence as well as their trajectory in the HIV/AIDS epidemic domestically.

STRATEGIES:

- Require that clinical trials be appropriately powered to explore the potential for differential responses to treatment, metabolic toxicities, drug adverse events, and immune responses in racial and ethnic minorities.
- Examine the effects of HIV infection by age and gender upon the physiologic, immunologic, hormonal, and neuropsychological development of racial and ethnic minority adolescents.
- Facilitate through funding incentives, for both the investigator and the research institution, academic-community partnerships to enhance clinical trial recruitment and retention of racial and ethnic minorities.
- Develop, test, and support clinical research methodologies that examine prospectively racial/ethnic/gender/sexual orientation differences in transmission, pathophysiology, and treatment outcomes.
- Examine the impact of alcohol, drug use, and chronic medical problems superimposed upon HIV infection on the success or failure of clinical interventions in racial and ethnic minorities, as well as HIV disease progression.
- Facilitate the participation of racial and ethnic minorities in clinical trials, by examining the impact of exclusion criteria, to determine if any particular population or populations are more frequently eliminated.
- Continue exploration of proteomics and genomics to determine the effect of race, gender, and age upon immune response as well as response to treatment, individually and in combination.
- Advance the study of the biology of HIV infection among racial and ethnic minorities by:
 - ▶ Evaluating the effect, if any, of race/ethnicity and gender upon immune dysfunction and the development of opportunistic infection;
 - ▶ Determining the effect of race/ethnicity and gender upon p-glycoproteins and their role in the individual response to HIV therapy and the development of HIV drug resistance; and
 - ▶ Exploring the role of preexisting health conditions disproportionately found in racial and ethnic minorities, such as cardiovascular disease, diabetes, and hepatitis, upon HIV disease course and progression.

- Advance the awareness and understanding of the ethics of clinical research, as well as the protections required for research participants, in racial and ethnic minority communities through existing mechanisms of information dissemination. Such information should also be shared with the CBOs that serve these communities.

OBJECTIVE - E:

Explore the effect of HIV infection as a chronic disease with long-term consequences upon racial and ethnic minority communities.

STRATEGIES:

- Determine the impact of a number of antecedent and concomitant disorders upon HIV infection and progression, such as alcohol use and abuse, substance abuse, the hepatitises, STIs, and mental health disorders, to develop and implement successful intervention strategies.
- Fund research that explores factors that promote or prevent HIV transmission, including:
 - ▶ The role of extended and nuclear family and caregivers;
 - ▶ The role of traditional and nontraditional organizations upon social structure and norms;
 - ▶ The role of peer and social networks; and
 - ▶ The individual, as well as community, interface with health care delivery systems.
- Determine the impact of race-related factors in understudied indigenous populations, including Native Americans, Alaska Natives, Pacific Islanders, and Native Hawaiians.
- Study the impact of treatment for alcoholism and other substance abuse as an approach to HIV prevention.
- Identify the factors that influence HIV transmission among racial and ethnic minorities.
- Expand research to identify specific mechanisms of transmission and points for intervention in racial and ethnic minority communities by:
 - ▶ Identifying the barriers to participation in microbicide and vaccine trials among racial and ethnic minorities, and testing interventions to overcome these barriers;
 - ▶ Enhancing research on the potential impact of vaccines and microbicides upon HIV transmission among racial and ethnic minorities; and
 - ▶ Promoting research to identify successful interventions to promote access to, as well as retention in, HIV treatment.

- Promote research on HIV infection among older racial and ethnic minority individuals, and its impact upon HIV transmission in their communities, as well as upon community-based institutions.
- Determine the impact of HIV infection upon functional expression, including quality of life, function, functional status, and the aging process.

OBJECTIVE - F:

Develop and test innovative research models, methods, and measures to accurately assess risk behavior in racial and ethnic minority communities.

STRATEGIES:

- Develop, pilot, test, and evaluate new measures of HIV risk behavior that are culturally and contextually appropriate for racial and ethnic minorities.
- Develop new models of HIV behavioral interventions that incorporate common stressors and experiences for racial and ethnic minorities, including racism, acculturation, and stigmatization.
- Identify resiliency and protective factors found in racial and ethnic minority communities, and test them for their impact upon decreasing HIV transmission.
- Validate existing measures for language translation accuracy and for cultural and linguistic equivalents for each of the racial and ethnic minority communities in which they are to be used.
- Fund through specific announcements the development and testing of new sampling methodologies in racial and ethnic minority communities.
- Develop novel sampling methods to enhance the representation of racial and ethnic minorities in clinical research, with attention to sampling adequately from indigenous populations.
- Fund the development and standardization of assessment tools that are designed for the racial and ethnic minority community in which they are to be used.
- Study HIV risk behaviors of underrepresented racial and ethnic minorities, such as Native Americans, Alaska Natives, Pacific Islanders, and Native Hawaiians, including the role of intergenerational trauma and acculturative stress.

OBJECTIVE - G:

Identify gaps in the research on the impact of treatment and adherence upon the health outcomes of HIV infection in racial and ethnic minority communities.

STRATEGIES:

- Determine the impact of short- and long-term nonadherence on drug-resistant HIV infection, multidrug-resistant TB, HIV disease progression, and HIV disease transmission in racial and ethnic minority communities.
- Determine the role of stigma (expressed and perceived), race, ethnicity, gender, and sexual orientation upon adherence as well as nonadherence.
- Identify factors at the individual, societal, and community level that promote adherence, and develop interventions to determine their effectiveness in racial and ethnic minority communities.
- Study the impact of provider decisionmaking, as well as provider-patient interactions that negatively and positively affect treatment adherence in racial and ethnic minorities.
- Define the role and impact of health beliefs and prior experiences with the health care system upon treatment acceptance and treatment adherence in racial and ethnic minority communities.
- Maintain research on the impact of complementary and alternative approaches upon treatment adherence for HIV infection, symptom relief, and the complications of HIV infection.
- Fund studies of community-based multilevel interventions to promote adherence.

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Racial and Ethnic Minorities

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